

Obstetric High Risk Legal Situations: What can nurses do to decrease liability? (Part 5)

As the Perinatal Team travels the state, we often address areas of concern that we see as high risk for medical-legal liability. Dr. Stephen Hunter, Maternal-Fetal Medicine Specialist and Associate Director of the Statewide Perinatal Care Program, has categorized the five areas where the majority of malpractice cases fall in the state. The five areas being: fetal heart rate tracings, Oxytocin and Cytotec, VBAC, shoulder dystocia, and operative vaginal deliveries (forceps and vacuums). In this issue and subsequent issues of Progeny, we are going to address what we as bedside nurses can do to decrease liability in these areas.

Operative Vaginal Deliveries:

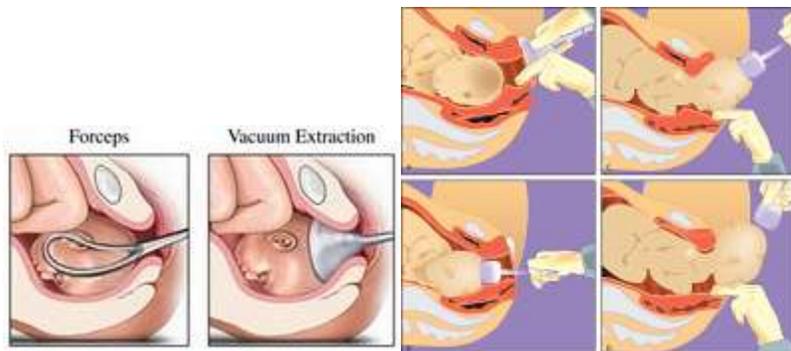
Common Allegations

- Application of forceps/vacuum at high position resulting in maternal or fetal injury
- Use of vacuum for rotation of the fetal head
- Excessive time of application
- Use of excessive force or pressures during delivery

Simpson, K.R. (2008). *Perinatal Nursing 3rd Ed.*

What can nurses do?

- ❑ **Follow the manufacturer's guidelines for vacuum devices.** Know the maximum pressure that is recommended, the recommended application (typically this is 20-30 minutes), and the number of recommended pop-offs.
- ❑ **Vacuum-assisted vaginal births should not be performed before 34 weeks gestation (ACOG, 2000a).**
- ❑ **Know the ACOG indications for operative vaginal births (no indication for operative vaginal birth is absolute; the following are for when the fetal head is engaged and the cervix is fully dilated):**
 - ❑ Prolonged second stage for nulliparous women with lack of continuing progress for 3 hours with regional anesthesia or 2 hours without regional anesthesia
 - ❑ Prolonged second stage for multiparous women with lack of continued progress for 2 hours with regional anesthesia or 1 hour without regional anesthesia
 - ❑ Suspicion of immediate or potential fetal compromise
 - ❑ Shortening of the second stage for maternal benefit
- ❑ **Documentation:**
 - ❑ Total time of vacuum application
 - ❑ Maximum pressure achieved
 - ❑ Number of pulls
 - ❑ Number of pop-offs
 - ❑ If using more than one brand of device in your facility, document which vacuum was used during delivery.
 - ❑ Consider a protocol for monitoring infants at risk for subgaleal hemorrhage following an assisted delivery



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